



VILLAGE OF INDIAN HEAD PARK
201 ACACIA DRIVE
INDIAN HEAD PARK, IL 60525
PHONE (708) 246-4534 FAX (708) 246-9357

Robert G. Cervenka
Chief of Police

VACATION WATCH REGISTRATION FORM

VACATION WATCH # _____

Date & Time Received _____

Resident Name _____

Resident Address _____

Resident Home Phone _____ *Cell* _____

Departure Date _____ *Return Date* _____

Emergency Contact Name _____

Emergency Contact Telephone _____ *Has Key?* _____

Alarm (Yes ___ No ___) Timers (Yes ___ No ___) Location(s) _____

Pets on Premises _____

Vehicles on Premises Location: *Garage* *Driveway*

Make _____ *Model* _____ *License Plate* _____

Make _____ *Model* _____ *License Plate* _____

Person/Persons remaining on Premise:

Name _____ *Age* _____

Name _____ *Age* _____

COMMENTS

THE UNDERSIGNED ACKNOWLEDGES THAT THE IHPPD VACATION HOUSE WATCH PROGRAM IS VOLUNTARY, & IS NOT CONTRACTUAL. PARTICIPATION IN THE PROGRAM DOES NOT ASSURE ANY PARTICULAR LEVEL OF POLICE PROTECTION; THAT SUCH PARTICIPATION DOES NOT CREATE ANY SPECIAL DUTY TOWARD THE UNDERSIGNED ON THE PART OF THE VILLAGE, ITS OFFICERS OR AGENTS; AND THAT THE UNDERSIGNED HOLDS THE IHPPD HARMLESS FOR ANY CLAIMS ARISING OUT OF ANY NATURE OCCURRING ON OR ABOUT OUR PROPERTY WHILE WE ARE ON VACATION.

DATED THIS _____ DAY OF _____

SIGNATURE _____